STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
P. O. Box 3769
Honolulu, Hawaii 96812-3769
(808) 586-9188

SUBJECT: **Application for Temporary Disability Insurance (TDI) Self-Insurance**

Your request to self-insure your employees' TDI benefits has been received. To have your plan approved, please complete in duplicate the attached Form TDI-15 "Self-Insurer's Plan Certification and Agreement" in accordance with the following instructions. **If you have a different schedule of benefits for separate classes of employees, complete one set of TDI-15 for each plan.**

I. PLAN CERTIFICATION

A. **Benefit Provisions of Plan.** Your TDI plan must contain all items under A.

1. A.1.b. If you have employees who are **excluded** from your plan (such as union members), indicate the classes and the number of employees in each class who are excluded. Give insurance company's name, policy or other ID number of the plan covering these excluded employees, or if they are not covered by any plan, so indicate. If your collective bargaining agreement contains sick leave provisions, submit a copy of the agreement.

2. A.4. You must indicate under a, b and c the benefit provisions of your plan.

   a. If you intend to provide statutory benefits, indicate on the certification the following:
      (1) Weekly benefits at **58%** of weekly wages.
      (2) Benefits to commence on the **8th** day of disability (e.g., the waiting period is no more than 7 days).
      (3) Benefits to continue for **26** weeks during the benefit year.

   b. If you intend to provide other-than-statutory benefits, the benefits must be at least as favorable as statutory benefits (see 3 below for acceptable examples).

3. Examples of benefit provisions which produce equivalency*:

Day Benefits Begin	% of Wages Replaced	No. Weeks Continued	Aggregate Actuarial Value
8	58%	26	104 (statutory)
8	75%	14	109
1	70%	7	105
1	100%	3	105

*A copy of the Equivalency Table may be obtained at the address shown above.

4. Under the TDI law, an employer is authorized, but not required, to withhold contributions from his employees. Complete A.5. to indicate whether or not employee contributions will be deducted.

B. **Security for Payment of Benefits.** Check appropriate item B.1. or B.2. to indicate the means by which you plan to secure the payment of benefits.

II. AGREEMENT

Read all items of the agreement. Continuation of self-insured status is contingent upon the stipulations being met.

ENCLOSE:
1. Two completed Form TDI-15.
2. A copy of your self-insured plan.
3. A copy of your latest annual report or audited financial statement.
4. If applicable, a copy of your collective bargaining agreement.

SEND TO:
DISABILITY COMPENSATION DIVISION
P. O. BOX 3769
HONOLULU, HI 96812-3769

The Disability Compensation Division will return one copy of the approved Certification and Agreement, or notify you as to what modifications need to be made to your plan before approval can be granted.